

COMMONWEALTH OF MASSACHUSETTS

Commission Against Discrimination
One Ashburton Place, Room 601
Boston, MA 02108
(617) 994-6000
(617) 994-6024 fax

Case Name: _____
Docket No: _____
Date: _____
Answers Due by: _____

For Internal Use Only

FOR COMPLAINANT:
QUESTIONNAIRE AND DOCUMENT REQUESTS ON
RELIGIOUS DISCRIMINATION/FAILURE TO ACCOMMODATE

1. Please identify your religion.

2. Please state some of the key beliefs and practices associated with your religion.

3. Please describe specific practice that is the basis of your complaint.

4. Please state in detail why you believe you were discriminated against on the basis of your religion or denied a religious accommodation.

5. Please state whether you believe you were harassed or subjected to a hostile work environment based on your religion.

6. Please state the names and positions of those who were involved in the harassment; and describe each incident including
- a. The date and time of each incident,
 - b. The statements or acts that occurred.

7. Please describe how the harassment interfered with your work.

8. Did you notify your employer about this problem? How did you communicate your concerns?

9. Did your employer already know of the harassment? How was the employer aware of the problem?

10. Please state whether you informed your employer of the alleged conflict; include dates and method of communication.

11. Please state how your employer responded to your requests or complaints.

12. Please state whether your employer attempted to accommodate some of your religious practices or beliefs and in what manner.

13. If the suggested accommodation was not successful, briefly explain why.

In addition to the documents already requested, please provide us with the following:

- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____
- ✓ _____

Signature of Complainant

Date

***Please mail or fax your answers and supporting documents to:
Keith Healey / Tania Taveras at:***

MCAD, One Ashburton Place, Room 601, Boston MA 02108 Fax: (617) 994-6040